OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

# CAMPAIGN SPENDING COMMISSION

# DISCLOSURE REPORT

CANDIDATE COMMITTEE PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reperting Dates to complete this section) DARWIN L.D. CHING 1st Preliminary Primary (b) Committee Name: FRIENDS OF DARWIN CHING Amended 2nd Preliminary Primary (c) Mailing Address: 1001 BISHOP STREET, ASB TOWER, **Short Form Final Primary** SUITE 1008, HONOLULU, HAWAII 96813 **Preliminary General** (d) Phone (Bus) REPORTING PERIOD 536-7888 395-7983 Final Election Period 11/3/04 12/31/0 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A COLUMN B** 

1. Cash on Hand at the Beginning of the Election Period.  2. Cash on Hand at the Beginning of this Reporting Period.  3. Total Receipts (From Line 15).  4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).  5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).	205.00	TOTAL TO DATE
3. Total Receipts (From Line 15)		
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)	0	
5. Total Disbursements (not including Unpaid Expanditures) (From Line 19)		16,061.85
·	205.00	16,061.85
·	0	15,856.85
3. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)	205.00	205.00
. Total Loans at the Closing of this Reporting Period	o	,
. Total Unpaid Expenditures at the Closing of this Reporting Period	0	8
. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)	0	9
O. Surplus/Deficit (Subtract Line 9 from Line 6)	<u> </u>	10

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Short Form is checked if the candidate is filing a Preliminary. Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short room reporting requires completion or only decision is, and section in or this disclosure neport.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

## SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0	400.00	1 1 (a) (i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0	2,650.00	1 1 (a) (ii
(iii) Subtotal (Add Lines 11(a)(ii) and 11(a)(ii))	0	3,050.00	1 1 (a) (ii
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0	100.00	11(6)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0	250.00	1 4 (b){ii
(iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(ii))	0	350.00	11(6)(6
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	0	3,400.00	12
13. Public Funds and Other Receipts	0	0	13
14. Loans	0 .	12,661.85	14
15. Total Receipts (Add Lines 12 through 14)	0	16,061.85	15
DISBURSEMENTS			
16. Expenditures	0	15,856.85	16
17. Loans Repaid or Forgiven	0	0	17
18. Unpaid Expenditures Paid or Forgiven	0	0	18
19. Subtotal Disbursements (Add Lines 16 through 18)	0	15,856.85	19
20. Unpaid Expenditures	0		20
21. Total Disbursements (Add Lines 19 and 20)	0	15,856.85	21

CHECK ONLY ONE BOX USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELO	STATE OF HAWAII
INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES	CAMPAIGN SPENDING COMMISSION

#### CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY **SCHEDULE A** MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

CANDIDATEA	ND CANDIDATE COMMITTEE NAME:	PAGE	1	OF	8
DARWIN L.	D. CHING / FRIENDS OF DARWIN CHING	5 ET Suran	1	OI-	1
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE  NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION ( FAIR MARKET VAI OF NON-MONETA	LUE	AGGREGATE
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	CONTRIBUTION THIS PERIOD		TOTAL TO DATE
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	F MONETARY AND NON-MONETARY CONTRIBUTIONS TH		0		
TOTAL MONE	ETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIC	ID II and Base Only (Transfer tests)		97	

### STATTE OF HAWAII CAMPAIGN SPENDING COMMISSION

#### SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	ID CANDIDATE COMMITTEE NAME:		THE OWN THE COMM	ICROIAL FURFUSE.	
	D. CHING / FRIENDS OF DARWIN CHING	PAGE	OI	1	
Tww.4411, 110.	D. CHING / PRIENDS OF DARWIN CHING				
DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE NON-MONETARY CO		AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	
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I. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)					
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)					

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

# SCHEDULE C PUBLIC FUNDS AND OTHER RECEIPTS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. CANDIDATE AND CANDIDATE COMMITTEE NAME: **PAGE** DARWIN L.D. CHING / FRIENDS OF DARWIN CHING DATE AMOUNT OF PUBLIC AGGREGATE ELECTION PERIOD FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT OF DEPOSIT FUNDS OR OTHER RECEIPT THIS PERIOD DESCRIPTION OF OTHER RECEIPT TOTAL TO DATE 1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page)..... 0 2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report)..... 0

Form CC-5(C) (Rev. 5/99)

# ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

#### SCHEDULE D LOANS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

	ID CANDIDATE COMMITTEE NAME:		PAGE	1	OF	1
DARWIN L.	D. CHING / FRIENDS OF DARWIN CHING		***************************************			<del>1</del>
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CANDIDATE  IMMEDIATE FAMILY  FINANCIAL INSTITUTION  OTHER					The second secon	
CANDIDATE				FORGIVE	N	
FINANCIAL INSTITUTION OTHER						
	nis Page)	1	0	0		0
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Form CC-5(D) (Rev. 5/99)

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

#### SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.							
CANDIDATE AN	D CANDIDATE COMMITTEE NAME:		PAGE	1 OF	1		
DARWIN L.D. CHING / FRIENDS OF DARWIN CHING							
DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD		
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3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).				0			
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).					0		

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